

	Type in Applicant's Name in Yellow Box	Client ID (IRN)	Today's Date 02/21/2014	Your Name	SEE RESULT HERE #VALUE!
Screening Tool to Sort Maryland Health Connection Paper Applications					
Question		Choices	Next Step to Take		
STEP	Before you begin, examine the MCH paper application. Is a PERSON 2 listed on the application?				
1.	Does the applicant list a home address in Maryland?				
2.	Is the applicant a U.S. citizen?				
3.	Type in the applicant's Date of Birth. Use this format: 09/12/1992				
4.	Is applicant a former foster care child?				
5.	Is applicant pregnant?				
6.	How many household members does this applicant have? Look at the application carefully. Add up all household members. Include a Spouse and the # of Dependents listed that the applicant will claim on their tax return).				
7.	Annual Income PERSON 1: Look at the application for the question about YEARLY INCOME. If it is not blank for PERSON 1, enter in the \$ amount listed. If it is blank, proceed to STEP # 9.				
8.	Annual Income PERSON 2 Look at the application for the question about YEARLY INCOME. If it is not blank for PERSON 2, enter in the dollar amount listed. If it is blank, proceed to STEP # 9				
9.	Wages PERSON 1 (first job): Enter in the \$ amount PERSON 1 reported on the application. If blank, skip to STEP # 11. Select the pay frequency if a \$ amount was listed.				
10.	Wages PERSON 1 (second job): Enter in the \$ amount PERSON 1 reported on the application. If blank, skip to STEP # 11. Select the pay frequency if a \$ amount was listed.				
11.	Self-employment PERSON 1: Enter in the \$ amount PERSON 1 reported on the application. If blank, skip to STEP # 15 below.				
12.	Wages PERSON 2 (first job): Enter in the \$ amount PERSON 2 reported on the application. If blank, skip to STEP # 14. Select the pay frequency if a dollar amount was listed.				
13.	Wages PERSON 2 (second job): Enter in the \$ amount PERSON 2 reported on the application. If blank, skip to STEP # 14. Select the pay frequency if a dollar amount was listed.				
14.	Self-employment PERSON 2: Enter in the \$ amount PERSON 2 reported on the application. If blank, skip to STEP # 15.				
15.	Other Income for PERSON 1: This step not necessary. <div>Other Income amount: Select the frequency if a dollar amount was listed. Other Income amount: Select the frequency if a dollar amount was listed. Other Income amount: Select the frequency if a dollar amount was listed. Other Income amount: Select the frequency if a dollar amount was listed.</div>				
16.	Other Income for PERSON 2: For every type of Other Income listed, enter in an amount and a frequency below. If no Other Income is listed, then proceed to STEP # 17. <div>Other Income amount: Select the frequency if a dollar amount was listed. Other Income amount: Select the frequency if a dollar amount was listed. Other Income amount: Select the frequency if a dollar amount was listed. Other Income amount: Select the frequency if a dollar amount was listed.</div>				